

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	09/611,856 (Reissue)
	<b>Filing Date</b>	July 7, 2000
	<b>First Named Inventor</b>	RIZZO
	<b>Art Unit</b>	2172
	<b>Examiner Name</b>	Shah, Hanjiv
	<b>Attorney Docket Number</b>	DRIZZO 3.0-001 RE

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:

☒ Customer Number



OR

☐ Firm or Individual Name

Address

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Country

State

Zip

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
**SIGNATURE of Applicant or Assignee of Record**

Name	David Rizzo		
Signature			
Date	8-13-03	Telephone	516-677-6285

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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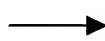
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**SIGNATURE of Applicant or Assignee of Record**

Name

Michael J. Custode

Signature

Date

8/18/03

Telephone

973-403-0450

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒
\*Total of 2 forms are submitted.